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CANADIAN NURSING PROBLEMS.

By M. A. GIBSON.

The vastly increasing population of Canada has done much to alter conditions in every calling or profession of life, but in no instance has the developing condition made as many demands that are not being adequately dealt with as in the nursing profession. For some time letters regarding these problems have appeared in our nursing and some other Canadian journals, with a view of bringing this fact before the minds of Canadian people. Little apparent good has resulted, although excellent suggestions were made regarding how best to deal with the growing need for nurses in country places. All who are interested in this matter agree that the need is great, also that the first step must be organization, in order to bring about a system of nursing that will guarantee a livelihood to the nurse who seeks employment outside our cities and larger towns and at the same time help supply skilled nursing to people in moderate circumstances. One writer sums up a very interesting account of nurses' work in Canada with these lines:—

"There is no keen demand for additional trained nurses in cities like Toronto and Montreal. Yet it is true that there is no place in Canada where a competent, well-trained, able nurse will not find it possible to make her way. In the larger cities especially she will need some little capital until she gets an opportunity to show that she can do good work. But if she is an excellent nurse she is certain of employment. Trained nurses are needed in the West. But patients are widely scattered, and Government aid, a women's club, or some nursing order like the Victorian Order of Nurses, is required to organize a system of country nursing."

And to these remarks one might well add that even in Ontario a nurse would find many places where she would not be able to support herself by private nursing unless aided by some institution, and yet there is no place where nurses are not needed. No one except a nurse who has been engaged in active nursing can recognize the full significance of these lines, both in regard to the present need and the suggested remedy. One often reads of, or hears discussions on, the economic value of child-life to a community, and when it is a known fact that not only children, but parents of small children, especially mothers, are yearly sacrificed through lack of skilled nursing, we may well suggest Government aid, might it not be even termed Government duty, not only to care for our unfortunate ill ones, but to instruct our citizens in the art of keeping well. This duty is daily devolving upon and being carried out more and more by nurses, as shown by our organized system of school nursing.

There is little doubt that our Public School educational system ranks high in the national standing. Is it not a Government institution controlled and maintained indirectly by the Government, and in no part of our Canadian West where civilization has spread, do we fail to find teachers, many of them women laboring under trying and difficult surroundings. Two years ago four female teachers lived alone in a small village in Northern Alberta, over twenty miles from a railway; one of them taught the village school and the others rode or drove to their several schools. Twelve miles still more distant from steam transportation another maiden lived in a small shack behind her school with a niece of ten years for company. She, the teacher, was cook and laundress for herself and niece and often charlady for the shack and the school. These girls had either to live thus or make their home with the foreign settlers. The settlers, for the most part, lived in mud houses minus windows, and their household in addition to the family often consisted of cow, pigs and hens. These conditions are facts that help to make private nursing in the West necessary, but not very alluring to the nurse, as lack of air space is not inducive to health, even in Western Canada, neither does the fact that the Mounted Police are often called to enforce health regulations add to the attractions. Surely if it is necessary to instruct these citizens in our modern school text books, it is also necessary to care for them when they are ill and to teach them proper methods of living, in order that they may keep well, and who is more fitted for these duties, both in the home and the school, than the nurse. It is utterly impossible, however, for a nurse to enter upon this work without the aid or support of some organization. Our Government is enabling, often obliged to force, some of the settlers to send their children to school and the teachers are found to teach them. Are we to suppose that when the Government or any other organization is willing to assist that Canadian women as nurses will fail to courageously face conditions that Canadian women as teachers have faced? Canada has many other citizens besides foreign settlers who are without nurses. In Ontario we have many and in Western Canada many, many more of our own people who, either because nurses are not available or their fees too high, are unable to secure the services of trained nurses. There are few towns or villages in Ontario, and fewer in the West, where a nurse is not needed, but this is more especially true of the West, where other help is not obtainable and where transportation often doubles a nurse's fee when she has to travel hundreds of miles to a case. There are cases on record in the West that terminate fatally because a nurse does not reach there in time and the transportation fee exceeds by far the fee for her services. One family paid thirteen dollars railway fare for a two-day case and it was the second time a nurse had been needed in the family within three months' time. Nurses are often severely criticized for their unwillingness to go to the country on cases, but if actual conditions were faced, this is little to be wondered at, as the strenuous duties of country nursing, together with the abrupt change in conditions of living, often endangers a nurse's life, especially in winter. In Ontario trained nurses have made, and are making, attempts to secure legislation for nurses, and to those in close touch with our work this is a great need that is growing greater. We are told that the laws of a community or State revert upon that commuity or State, according as these laws are good or ill.

It would ill become any citizen to criticize what is being done by the different institutions that are at present supporting training schools for nurses. Still, it can be truthfully stated that our present system of educating nurses correspondingly yields much more benefit to the State than to the nurse, for does not almost the entire nursing of our unfortunate poor fall upon our pupil nurses, also the care of some of our well-to-do citizens. In other words, in return for their training pupil nurses do almost all the nursing in our hospitals.

It would require no scientific adding machine to estimate the relative value to the nation, or to the nurse, were it possible to set in column figures relating to these facts. The dividends would surely go to the nurse, especially so when we consider that governing boards of hospitals have so far refused to supplement our present training school system by affiliation with other schools when their own limitations prove inadequate; also that we have so far been refused a legislative measure that would do much to place our educational system on an equality with that of other professions. Were it possible for us to count, sum up and rightly judge of the hours our pupil nurses have spent with suffering humanity when almost all the world is asleep, that alone would cause us to bow our heads and tread softly while we hearkened to the "Inasmuch" that will resound for pupil night nurses. If these facts were considered there would be fewer remarks made, such as, "Oh! nurses' fees are too high; that is why it is impossible for their services to be secured where they are often badly needed."

We have many organizations in Canada, also many benevolent citizens, who are endeavoring to better these conditions, and the hope is strong that ere long the situation will greatly improve. One is inclined to feel assured that lack of funds will be no hindrance when they read the figures representing the amount of Toronto's wealth set in circulation by the ball given in honour of our new Governor-General.

A little over a year ago nurses mourned the death of our first and greatest nurse—greatest, because by organization she helped her country at a critical period, and we believe that what has been done already can be done again. It is possible for Canadian women to create a memorial to Florence Nightingale in the form of an endowment fund and use the funds obtained in that way to help supply skilled nurses to people at present unable to secure them. In order to bring this about we would require either a new organization, or, more plainly speaking, reorganization of our present forces, with a less self-centred membership than at present seems to exist in our clubs and associations. Whether this apparent selfishness is caused by our own desire or the will of others is a matter of very little moment. In one of our ancient school books a story is told of a frog being advised to help himself, as "Providence only helps those who help themselves." A still older book exists and some of its teachings are translated thus, that "Providence helps those who are willing to help others." Can we dispute these teachings that are as old as time? And what better epitaph could be said or sung for the nursing profession, individually or collectively, than that

"What I spent that I had,
What I gave that I have,
What I kept that I *lost*,"

unless it be that "She hath done what she could." Are we doing that? Alas!

There is little doubt that our Public School educational system ranks high in the national standing. Is it not a Government institution controlled and maintained indirectly by the Government, and in no part of our Canadian West where civilization has spread, do we fail to find teachers, many of them women laboring under trying and difficult surroundings. Two years ago four female teachers lived alone in a small village in Northern Alberta, over twenty miles from a railway; one of them taught the village school and the others rode or drove to their several schools. Twelve miles still more distant from steam transportation another maiden lived in a small shack behind her school with a niece of ten years for company. She, the teacher, was cook and laundress for herself and niece and often charlady for the shack and the school. These girls had either to live thus or make their home with the foreign settlers. The settlers, for the most part, lived in mud houses minus windows, and their household in addition to the family often consisted of cow, pigs and hens. These conditions are facts that help to make private nursing in the West necessary, but not very alluring to the nurse, as lack of air space is not inducive to health, even in Western Canada, neither does the fact that the Mounted Police are often called to enforce health regulations add to the attractions. Surely if it is necessary to instruct these citizens in our modern school text books, it is also necessary to care for them when they are ill and to teach them proper methods of living, in order that they may keep well, and who is more fitted for these duties, both in the home and the school, than the nurse. It is utterly impossible, however, for a nurse to enter upon this work without the aid or support of some organization. Our Government is enabling, often obliged to force, some of the settlers to send their children to school and the teachers are found to teach them. Are we to suppose that when the Government or any other organization is willing to assist that Canadian women as nurses will fail to courageously face conditions that Canadian women as teachers have faced? Canada has many other citizens besides foreign settlers who are without nurses. In Ontario we have many and in Western Canada many, many more of our own people who, either because nurses are not available or their fees too high, are unable to secure the services of trained nurses. There are few towns or villages in Ontario, and fewer in the West, where a nurse is not needed, but this is more especially true of the West, where other help is not obtainable and where transportation often doubles a nurse's fee when she has to travel hundreds of miles to a case. There are cases on record in the West that terminate fatally because a nurse does not reach there in time and the transportation fee exceeds by far the fee for her services. One family paid thirteen dollars railway fare for a two-day case and it was the second time a nurse had been needed in the family within three months' time. Nurses are often severely criticized for their unwillingness to go to the country on cases, but if actual conditions were faced, this is little to be wondered at, as the strenuous duties of country nursing, together with the abrupt change in conditions of living, often endangers a nurse's life, especially in winter. In Ontario trained nurses have made, and are making, attempts to secure legislation for nurses, and to those in close touch with our work this is a great need that is growing greater. We are told that the laws of a community or State revert upon that commuity or State, according as these laws are good or ill.

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if we were, there would not be an overcrowding of nurses in some places and a scarcity or none at all in others. Surely somewhere in our midst we have a follower of Florence Nightingale who sees a way over these difficulties.

THE PROBLEM OF SUPPLYING EFFICIENT NURSING CARE TO PEOPLE OF MODERATE MEANS.

By Mary A. Catton, Lady Superintendent, Protestant Hospital Training School, Ottawa.

In the November, 1911, number of the *Canadian Nurse* appears an article by Hildegarde Burland of Toronto, entitled, "A Suggestion as to how Skilled Nursing may be Supplied to People of Moderate Means." The subject is one which in point of importance stands out in relief, but a subject on which few consistent suggestions have been made, and on which suggestions of a logical nature are difficult to make.

The lack of harmony seems to rest with the means and the need. In the first instance nurses are not properly organized into grades, as should be in each community, by a Central Registry System, and the social classes are not sufficiently and distinctly defined to give any definite form to a plan. However, in the article above referred to its author proposes a system, whereby Hospital Training Schools should send out pupil nurses to afford skilled nursing to "people of moderate means" and at the same time suggests that "no nurse be sent out on 'home nursing' till she has been in training at least one-third of the time required by her school." The question arises: How could the writer suppose that a pupil of that class in school should be competent to perform skilled nursing? and that, too, in a private house where it is to be assumed the moderate means will not have afforded many conveniences facilitating the nursing care. True, she may be expected to do some skilled nursing even one year or less in a Training School, but the situation of a pupil in a private house and that in a hospital cannot be parallel—in the former case she is alone, untutored and working under adverse conditions, while in the latter she is under the constant supervision of her teachers, and influenced by the hospital environment.

The writer evidently does not realize that in such an undertaking by a Hospital Training School the responsibility would be great. .The chance for mistakes to occur, due to the pupil's inexperience, and the probable exactions which the knowledge of the pupil's incomplete training would afford the people for whom she is nursing, would result in many discords. In addition to the foregoing disadvantages and many not enumerated, there is the interference with class work which such an arrangement would necessitate, and most of all the serious objection to the fact that the pupil would be away from the Training School supervision and influence. The fact of the matter is this: "The people of moderate means" must be nursed, and nursed skillfully. There should, in fact, be nothing less than skilled nursing. It means a matter of life and death, and doctors should require that their patients should be nursed well—nothing less should be accepted.

The man of moderate means may provide cheap clothing, cheap articles of

furniture, etc., but every individual should have good food and skilled nursing care when ill. Socialism under one of its branches should control such for the needy. However, since the social interest has not sufficiently developed to deal with these points directly, it remains for those to whom the situation has been recognized to "press the button" and stimulate interest.

Nurses and doctors simultaneously continue to cry out for uniformity in nursing methods, a higher standard in nursing, etc., while at the same time the call for cheaper nursing continues. True, the individuals of moderate means—as previously claimed—should be provided with nursing care, and proper nursing care, but such care should not be expected at the expense of the individual nurse; it might be a case of "robbing Peter to pay Paul"—nor should such services be given by the drudgery of the pupil nurse, or upon the responsibility of the training school or hospital, but upon the public should depend the burden of meeting these requirements for the needs of its middle class. Philanthropic bodies have been organized for the purpose of supplying nurses to the poor, and those who could afford to pay only a moderate fee. One order has through its philanthropic purpose (?) appealed to the benevolent public, and called forth generous contributions for the maintenance of salaried nurses, in sufficient numbers to render nursing to the class in question. The great regret is that organizations may sometimes deviate from their constitutional object, and become mercenary and monopolizing.

Another solution of this problem may be in the grading of nurses in a Central Registry according to the amount of training they've received, such as:—

Three years' graduate.
Two years' graduate.
Practical.
Special: "Maternity, Children."

at graded fees accordingly. Under such plan of arrangement a doctor knowing his patient to be of the moderate class, may then call the Registry to supply a moderate-trained nurse. By such arrangement there would be a definite, businesslike, all-round understanding. The patient would be satisfied on receiving good value for his money; the doctor satisfied by not having expected faultless nursing; the nurse satisfied in having given her best and received in return a specified fee, and the higher graded nurse satisfied that the lower graded nurse has not imposed upon a domain which never rightfully belonged to her. Another means of meeting this need is in the subscription or membership plan, whereby an organization may be formed of individuals having an income between a stated maximum and minimum amount, the members of which may agree to subscribe annually a stated amount, and by such subscription supply first-class nursing service to its members as necessity may require. This subject is an intricate one which requires much planning in order that ways and means may be provided by which all may receive their just due, other than by involving sacrifice on the part of the nurse only. The nurse or nurse body owes no obligation to this social grade problem aside from that which she individually chooses to render as her share of the great world's charity. She, however, may do much indirectly by way of counsel, co-operation and sympathy, and thereby aid in solving this problem to the benefit of all concerned. Let it be soon!

GERMAN MEASLES, MEASLES PROPER AND SCARLET FEVER.

By H. W. Hill, M.D., D.P.H., Minneapolis.

The recent (April, 1911) widespread outbreak of German measles has been instructive: first, as indicating great confusion in the minds of the laity concerning the identity or non-identity of these two diseases; and, secondly, as indicating, especially amongst the younger generation of medical men, some uncertainty concerning the same points.

Much mild scarlet fever has existed. The existence and characteristics of the fourth disease (Duke's disease) also comes into the question, while the recent extraordinary statement of the Illinois State Board of Health Monthly Bulletin (No. 2, February, 1911, p. 91) that "Duke's disease is a name given to mild cases of scarlet fever which occurred in Chicago in January, 1907," lends a flavor of humour to the whole situation.

Nettle rash, despite the present early stage of the season, stomach rash, scarlet rash, even prickly heat, are terms not uncommonly encountered, yet when the disease so designated is accompanied by fairly definite and characteristic prodromes, definite rise of temperature, more or less prolonged course, and subsequent desquamation, one may be pardoned for suggesting that, to put it very mildly, considerable looseness in terminology has crept into the situation.

In approaching a diagnosis of a condition characterized by rash, one should have in mind at least the following possibilities:—

1. Frank scarlet fever. 2. Mild scarlet fever. 3. Frank measles proper. 4. Mild measles proper. 5. Severe German measles. 6. Ordinary German measles. 7. Duke's disease—measles type. 8. Duke's disease—scarlatinal type. 9. Smallpox (in the earliest stage of eruption, or when exhibiting a prodromal rash).

I am presuming the elimination of drug-rashes, the prodromal rashes of certain types of the exanthemata, shell-fish, strawberry, and other stomach rashes, not on inspection alone, nor on the short-measure clinical history to be had from the patient or his friends, but after continuous study of the case by the physician himself, and a review of all the evidence after the evidence is available and has been collected. In many of these cases a diagnosis at an early stage is a prognostic guess, because at that time the total evidence is not in, and therefore a diagnosis cannot be made at all. Too often no real diagnosis is made at any time, the prognostic guess of the physician who sees the case once for a few minutes early in the attack being the sole designation given to the attack. The recklessness of diagnosing such cases without seeing the patient, even when the case is described by a physician, must be fully recognized. The recklessness shown in diagnosing such a case on the description of lay friends of the patient alone is not easily painted in words.

Concerning the recognition of frank cases of scarlet fever, measles, and German measles, I shall say nothing. Light cases of German measles can hardly be recognized, since a physician does not often see even those which may be called severe, and seldom those of ordinary type, except for diagnosis, treatment being rarely called for. My point is rather to establish the existence of at least three very distinct diseases (scarlet fever, measles proper, and German measles), and to suggest watchfulness for the alleged fourth, or Duke's, disease.

Briefly, then, be it said that there are no absolute pathognomonic signs for the mild forms of scarlet fever; hence the recognition of such mild forms, and their isolation until recovery, is often a matter rather of shrewd judgment concerning the epidemiology of the situation than of actual diagnosis. The careful man, anxious to prevent spread of infection, will recognize the undoubted existence of and search carefully for evidences of "abortive cases" of scarlet fever amongst all exposed to frank cases, and will regard as suspicious all showing any trace of similarity, especially in prodromes, throat and tongue, to scarlet fever, regardless of the presence or absence of rash. In searching for such cases, the securing of the history of previous scarlet fever in the same person is of the greatest value. This is a wholly logical proceeding. We now know that abortive cases of diphtheria, and even infected throats, without reaction of any kind, exist and are prevalent in outbreaks of frank diphtheria. In diphtheria, abortive cases and infected well persons can be detected by cultures, which are not available in scarlet fever, but this inability to push the recognition of mild scarlet fever to a final conclusion by culture is no reason for neglecting to push the recognition of such cases as far as clinical and epidemiological investigation will permit. The medical profession has recognized the existence of abortive cases of poliomyelitis, although that disease has not been shown to be contagious. Surely the recognition of abortive scarlet fever, a pre-eminently contagious disease, presents smaller difficulties in belief and no greater difficulties in diagnosis.

Exactly similar statements apply to measles proper, except that Koplik's spots are accepted as pathognomonic. These exist in the prodromal stage and are not readily identified after the disease is well developed; hence, unless mild cases are seen very early, they cannot be recognized on the basis of Koplik's spots alone. Epidemiological evidence concerning the exposure of the patient and the previous history as to a preceding attack of measles, must be considered. Here is encountered the difficulty that the public, and even the profession, frequently fail to distinguish between German measles and measles proper; therefore such history of a previous attack of "measles" may mean measles proper or German measles—and the distinction is essential.

The distinction between light measles proper and German measles can be made through the presence or absence of Koplik's spots, if the patient is seen at the right time. Failing this, the symptom-complex or clinical picture must be estimated in the light of the epidemiological situation.

Duke's disease may be described, for clinical recognition, as German measles in which the rash is scarlatiniform rather than "measley." Here again the differentiation, apart from epidemiological evidence, as to exposure and the previous attacks suffered by the patient, is difficult, and authorities are divided on the question of the existence of Duke's disease as a distinct entity. Alleged Duke's disease accompanied by the prodromes, throat, and tongue of scarlet fever, cannot be safely regarded as other than scarlet fever; and such a diagnosis, while perhaps not invariably correct, is the only proper diagnosis, if frank scarlet fever appears in the history of exposure or exists in the neighborhood. On the other hand, a case clinically German measles, with a history of exposure to German measles and no scarlet fever about the neighborhood, need not be

diagnosed as scarlet fever merely because the rash is scarlatiniform, instead of "measley." Such cases may be called Duke's disease. They should be isolated, and especially should be shut out of school, Sunday school, etc. The measley type of Duke's disease is simply German measles.

To show that German measles and measles proper are as distinct as are chickenpox and smallpox, is not difficult. The following series of statements appear to cover this point:—

1. That measles proper protects against a subsequent attack of measles proper, as a rule. Cases have been established where measles proper has occurred more than once in the same person, but, undoubtedly, in many of the alleged instances of dual attacks, one of the attacks only has been measles proper, the other German measles.

2. That scarlet fever protects against scarlet fever, although dual attacks have undoubtedly occurred.

3. That German measles protects against German measles, satisfactory evidence as to dual attacks not existing, although by analogy it is more than likely that they occasionally occur.

4. That some studies of Duke's disease seem to indicate that it protects against itself, but that the evidence is scant, perhaps as much because of the uncertainty or negligence in detecting it at all as for any other reason.

5. That no one of the diseases—scarlet fever, measles proper, or German measles—protects against either of the other two. The evidence concerning Duke's disease is scant, but it would appear that it does not protect against scarlet fever or measles, or vice versa. Whether or not it protects against German measles is also not established.

For all these reasons, therefore, the diagnosis between measles proper and German measles is of the greatest importance. If the physician who makes a conclusive diagnosis of any one of the diseases above listed would distinguish on his records and supply to the families concerned a record which could be presented as evidence on the subject, a valuable advance in public health data and also in clinical evidence would be provided for. Schools should require from their pupils a list of the diseases such pupils have already suffered from; and to this list should be added such new infections as they receive from time to time. The attempts already made in this State to secure such data from schools have resulted in remarkably instructive and practically useful results.

In actual diagnosis the difficulties are encountered almost wholly in the early stages of frank cases, and in mild cases. A knowledge of the previous diseases the patient has suffered from are of the greatest value in elimination, or in aiding elimination.

Measles proper is as important a disease as scarlet fever. In Great Britain the deaths properly attributed to measles are three times the number of deaths attributable to scarlet fever, and in this country there is no doubt in the minds of the leading enquirers that measles does at least as much sum total damage as scarlet fever, although, case for case, it may perhaps be less harmful. In other words, 100 cases of measles may perhaps show less disability and death than 100 cases of scarlet fever; but if measles is four times as prevalent, certainly

400 cases of measles will show more disability and death than 100 cases of scarlet fever.

Finally, one definite policy should be followed by physicians and health officers with regard to dubious cases, namely, that where there is a question as to whether or not a given condition belongs in the quarantinable or isolatable group, the public is entitled to the benefit of the doubt, i.e., the case should be isolated until the diagnosis is clear, and reported as suspicious in the meantime.—*The Journal of the Minnesota State Medical Association.*

MEASLES.

Written for the Alumnae Association, H.S.C., by Mrs. Canniff.

Measles, considered by many people as not a serious disease, is in reality one of the dangerous ones, owing to the complications which may arise. It may be taken more than once, by adults as well as children.

The period of incubation is from ten to fourteen days, in rare cases even longer. A patient may be infected and others become infected from him before the actual symptoms appear.

The first symptoms are: running at the eyes and nose. the eyes become very sensitive to the light; the temperature rises to 101 deg. F. and over; there is a bronchial cough; the tongue becomes coated and swollen; the patient becomes irritable and drowsy. In children there may be convulsions. In severe cases there may also be vomiting, diarrhoea, chills and epistaxis. Before the rash appears, small red spots may be seen inside the cheeks. These are called Koplic spots, and are a strong point in diagnosing a case.

The fever is highest about the third or fourth day, frequently reaching 104 deg. F. and 105 deg. F., and the second stage, that of eruption, is reached. The rash comes on the fourth day, in the form of small red spots, gradually getting larger and running together. It appears first at the edge of the scalp, and behind the ears, then spreads to the neck and chest. By the third day of this stage the face, neck and chest are well covered, and it finally spreads till the abdomen and extremities are covered. It fades as it appears, from the face first and so on, and usually leaves a slight discoloration of the skin, which lasts a few days. The temperature usually drops on the second day after the appearance of the rash, but the cough and photophobia will remain for several days.

The third stage is now reached, that of desquamation.

The prognosis as a rule is favorable, but the age and general condition of the patient play a most important part. Most deaths occur in children between the ages of two and ten years.

The patient should be isolated and put to bed. The house should be quarantined for at least three weeks. The patient must be kept warm, the room well ventilated at a temperature of 68 deg. F. Fluid or light diet should be given at regular intervals. A mild laxative should also be given. The room must be darkened to protect the eyes, which might be bathed with a boracic solution, and vaseline applied to the lids to prevent them from becoming glued together. A tonic should be given to keep up the general health and an expectorant mixture may be necessary for the cough.

During desquamation a daily bath of weak carbolic acid solution should be given, and the skin anointed with oil or vaseline. Or the antiseptic may be used

with the oil or vaseline, smeared over the skin each evening and a warm bath be given each morning.

The complications often prove more serious than the disease itself. Of these pneumonia is the most common and perhaps the most dangerous. High temperature, persisting after a scanty rash, usually points to this complication. Bronchitis or laryngitis may also follow, at times even the digestive organs become infected and entero-colitis may be the result. The ears should be closely watched, as there may be inflammation of the middle ear, with pus formation causing deafness to follow.

THE CURRICULUM OF TRAINING SCHOOLS AND THE UNIVERSITY OF AMERICA.

(Abridged.)

By Miss M. S. Rundle, Isla Stewart Scholar at Teachers' College, Columbia University, New York.

Why go to America to study nursing subjects? Has America anything to teach us? We, who are the pioneers of modern nursing all over the world? Every one of us must be very familiar with some such expressions of opinion as these, and surely it is just such expressions that win for us from other nationalities the criticism of self-satisfaction and British complacency.

It was the League of St. Bartholomew's Hospital Nurses that, recognizing we had yet much to learn, thought there could be no more fitting memorial to its Founder, Miss Isla Stewart, than to raise a Scholarship Fund, whereby one or more of its members could be sent to study methods in that New World, and to avail herself of the course of Hospital Economics given to nurses at Teachers' College, Columbia University, New York.

It was my very good fortune to be the first scholar chosen, and I have been asked to tell you something of the curriculum of Training Schools and of the University Course.

Firstly, let me tell you what prompted the American nurse to ask for a University Course, and secondly of the course itself.

The suggestion of a course of studies at a University is likely to bring incredulity into the mind of the average nurse. And we will wait expectantly to hear the old criticisms of the overtrained nurse—of too much theory and too little aptitude for practical work. Here I will quote a professor speaking on the subject:—

"The University should be peculiarly interested in providing for the highest and most selective training of those who are to engage in the pursuits by which human life, human development, and human health are conserved.

"The future teacher, sanitarian, physician, and nurse should be among the especially chosen subjects of its educational care and culture, by virtue of the very nature and purpose of the offices they are elected to fill.

"To win for herself so fitting a place as the handmaid of modern and preventive medicine, to hold for herself her traditional place in the ministry of human pain, the nurse of to-day can neither be too wise, nor too womanly, too trained, or too good."

In thinking of nursing in America to an English nurse, one word must be uppermost in the mind. and that is organization.

It is seen in all spheres of nursing, and the University course is only an outcome of this happy ideal.

The American Society of Superintendents of Training Schools—the name Superintendent corresponding to our Matron—was constituted to raise and protect standards of training, to advocate measures of various kinds for the improvement of nursing.

All important advances—such, for instance, as the extension of the course of training from two to three years, the shortening of hours of practical work, the abolition of money payment to students, the establishment of Preparatory Courses, all these emanated from that Society, and so did the impetus for the preparation of the Teacher and Administrator.

It had long been felt that the probationer in the Training School had a right to a more systematic, thorough training than she was getting. That the instruction should be given to probationers by qualified nurse teachers, and not by chance members of the medical profession, who could not be expected to know just what knowledge a nurse needed, nor even by nurses who had never qualified as teachers, or had shown any aptitude to impart knowledge. And so posts were offered in the largest and best hospitals for qualified Nurse Instructors, whose duties should be entirely to teach the nurses both theoretical and practical nursing. In these hospitals there would be Preliminary Courses varying from six weeks to four months, in which the probationer would not work in the wards except under the direct supervision of her Instructor.

Their time would be taken up with classes of anatomy, physiology, bacteriology, hygiene, materia medica, history of nursing, ethics of nursing and of hospital, dietetics, cooking, bed-making, cleaning, making supplies, bandaging, and in all practical nursing treatment such as hot-air baths, hot and cold packs, cupping, etc. The need of class and demonstration rooms is evident for such a curriculum.

Miss Rundle then described the lecture room, the supply room, and the kitchen, and said that the class of probationers would be divided up into these different departments of practical work in turn, all uniting for lectures. Continuing, she said:—

It is obvious that the Nurse Instructor who holds this position is not of the bookworm type only, but has to be a thorough practical nurse, able to impart both theoretical and practical knowledge to intelligent girls.

Now one sees the need of some institution where a nurse can become qualified for all these branches of her work.

The course at Columbia University under the directorship of Miss Adelaide Nutting meets that need, not only in instructing her how to teach others; but this is one object of the course only, for those nurses desiring posts of administration there are special facilities. These include the study of food properties, economy in buying to procure the most nourishing with greatest variety, the cooking of food, institutional laundry work, everything concerning the buying and keeping of linen, testing materials by chemicals to detect fraudulent supplies, hospital construction.

(I would like to say here that it is recognized by most hospital architects that there is no one better qualified to assist in planning a hospital than the

Matron who is responsible for the working of it, and her expert opinion is sought.)

Administration and organization, psychology. These, added to the study of the history and ethics of nursing, comprise a very useful and complete course.

All other branches of nursing are provided for—social work, district and school nursing, lecturing to mothers and to the public on all subjects of health, sanitary inspection, etc.

Besides this provision for the qualified nurse there are at two Universities preparatory courses for probationers, for four months, in which the probationer studies the subjects she would otherwise pursue in her preliminary course at the hospital. The term (for which she pays) is, by arrangement with the hospital, included in her period of training.

It is the ultimate aim of the pioneers to establish central schools on the same foundation as medical schools, with the use of various hospitals for practical work.

Thus it is hoped to simplify the problem of training in the smaller hospitals.

The greatest value of the University course is that it is the centre of the nursing profession, to which its members turn for visions of the ideal, and not only for visions, but for practical help and guidance. The ideals are written of, lectured upon, and freely discussed one day, and the next the nurse is taken out to a hospital to see things as they really are, and how the Superintendent is trying to meet the manifold handicaps and operations to those ideals.

And not only the profession look to the University for help and guidance, but the medical profession and the public naturally turn to the centre, to the authority, for expert opinion on all matters concerning nursing and nurses.

What has made the hospitals so readily take up and encourage their nurses to qualify themselves in this way, to aim at such a high standard, even to promote scholarship funds, to enable their own nurses to take this University course? The reason is this—the State has passed laws regulating and standardizing the course of training. The school is responsible for the nurse's training, and must be registered as maintaining prescribed standards, before the nurses are eligible for admission to the State Examination.

The force of this is in a negative sense, as it leaves the school a free agent to act on its own initiative by applying for registration.

You will see it is impossible to speak of the curriculum of an American training school without coming face to face with Registration, for it is at the foundation of everything pertaining to the training of a nurse; it has given her the privilege of which we in this country have only dreamed.—*The British Journal of Nursing.*

THE SEVENTH ANNUAL REPORT OF THE TORONTO CENTRAL REGISTRY OF GRADUATE NURSES.

Madam Chairman, Sister Nurses and Our Guests:—

I have the privilege of presenting to-night the seventh annual report of the Toronto Central Registry of Graduate Nurses.

The books closed last year with a membership of 384 and this year ends

with 408; of these 25 are in positions, 120 new members have been added to our list this year.

Many changes have taken place since our last birthday party.

Up to date our membership list consists of the following graduates: Toronto General Hospital, 124; St. Michael's, 41; Grace Hospital, 40; Hospital for Sick Children, 38; Western, 35; Isolation, 24; American, 40; outside Canadian Hospitals, 32; St. John's, 5; Dr. Meyers, 2; English nurses, 23; male nurses, 4.

The calls for the year totalled 2,869, showing an increase of 212 for the year. The largest number came in May, with a total of 325, and the lowest in November, with a total of 177.

FINANCIAL STATEMENT, 12 MONTHS ENDING MAY 31, 1912.

Receipts.

Balance in banks, June 1st, 1911—		
Savings Account, Bank of Hamilton	$1,413 61	
Current Account, Dominion Bank	209 83	
		$1,623 44
Fees collected during year	$2,010 40	
Sale of Charts and Clips (averaging $5.51 per month)	66 17	
Interest, Savings Account to May 31, 1912	37 45	
		2,114 02
		$3,737 46

Expenditure.

Office, Salaries, Registrar and Assistant	$1,320 00	
Telephone, Advertising, Printing, Stationery, etc	378 10	
Subscription to Extension Fund	300 00	
		$1,998 10
Balance in Banks, May 31st, 1912—		
Savings Account, Bank of Hamilton	$1,451 06	
Current Account, Dominion Bank	288 30	
		1,739 36
		$3,737 46

The amount of overdue fees at this date appears to be $60.

I have examined the vouchers, cheques, bank books, cash books and fee books of the organization, and certify that above statement is in agreement therewith.

June 1st, 1912. T. W. ELLIS.

A large amount of printing has been done. In November we had slips printed with the list of rates, one of which was mailed to each nurse, so that mistakes in the future might not occur. Charts are always kept on hand, which may be procured by nurses at reduced rates.

The Central Registry, after seven years' steady progress, is now well established, being known and used by prominent medical men throughout Ontario, as well as our own city, but the removal of the office to present address necessitated our having telephone cards and letter of explanation printed and

sent to every doctor in Toronto and those in adjacent towns, who can get a graduate nurse with ease and promptness by calling up Adelaide 316. It seems strange there are still a few who do not know the difference between the Central Registry and a Nurses' Home.

We have many calls for nurses to fill hospital positions. October last five of our nurses very kindly responded to a call from a private hospital in Vancouver, B.C. One has returned, the other four intend to remain a year, or perhaps longer. During the winter and spring others have left us to take hospital positions: three to St. Louis, Mo.; one to Alleghany Hospital, Pa.; two to Swift Current, Sask.; one to Galt Hospital, Lethbridge; one to New Liskeard; two in Cobalt Mines Hospital; one to Fort William; one to Parry Sound Hospital. Several are filling prominent positions in the city. The West has attracted a number to take up private nursing.

We regret to say several of our members were laid aside for weeks through illness. At present Miss Booth is seriouly ill in the Western Hospital. We trust to hear of her speedy recovery.

It is our painful duty to report the loss by death of three of our members. Miss Blackstock, graduate of the Presbyterian Hospital, Philadelphia, passed peacefully away July 20th, after an illness of more than a year in the General and Marine Hospital, Collingwood. Miss Kate Winnifred Clark, graduate of New Haven, Conn., died December 18th, only being ill a few days with broncho pneumonia. Miss Muir, graduate of the Toronto General Hospital, who was well known to many present, after an illness of many months, suffering untold agony, borne with Christian fortitude, was called in January to that better world where pain is unknown. Although Miss Muir had been engaged in institutional work for some time previous to her illness, we always considered her one of our number.

To those nurses who have suffered illness personally and to all bereaved our tender sympathy is extended.

Since our last annual meeting a matrimonial epidemic has invaded our ranks and carried off 22 of our members. Our very best wishes go with them for future happiness. Reports have come to us of five who are to be married this month.

We thank you all for your kind support during the year, especially the members of the Registry Committee, for their faithful attendance at our meetings and ready help and sympathy at all times. In closing I would like to mention the clubhouse which has loomed in our vision for years, through the kind generosity of Mr. J. Ross Robertson is now a reality. As you see, we have this beautiful, commodious house tastefully decorated and furnished throughout. We should all show our appreciation of this splendid gift by becoming members.

The success of Registry and Clubhouse depends upon how well each individual member exercises her interst in the work; the "well done" is not to the talented alone, but to those who fill their place, and fill it well.

Setting our own personal interest aside, as we take up the work of another year, may we all be more faithful and give a more willing service.

All of which is respectfully submitted.

MARGARET EWING.

NORTH DAKOTA STATE NURSES' ASSOCIATION.

On May 6th and 7th a mass meeting of graduate nurses of North Dakota was held in Grand Forks to organize a State Association to be known as the "North Dakota State Nurses' Association." The Association has a charter membership of 161, representing Germany, Norway, England, Canada and numerous States in the Union.

Miss Bertha Erdmann, R.N., Directress of Nursing Course at the N. D. University, worked untiringly with the help of Miss Mae McCulloch and Miss Minnie Traynor as a committee from the Grand Forks County Graduate Nurses' Association. This committee formed other committees in the various judicial districts, who in their turn worked bravely to secure a good beginning.

The following officers and Executive Committee were appointed: President, Bertha Erdmann, R.N.; First Vice-President, Maud Sides, R.N., Supt. Jamestown Hospital; Second Vice-President, Louise Hoermann, Supt. Bismarck Hospital; Secretary, Emily Holmes-Orr, R.N.; Corresponding Secretary, Emily Scripture, R.N.; Treasurer, Ethel Stanford, R.N.; Mildred Clarke, R.N.; Ira Knox, R.N.; Eldora Poland, R.N.

Monday morning, May 6th, was given over to the business of the State Committees. During the afternoon the visiting nurses had an opportunity of visiting all the university buildings. It was a bright afternoon and the campus looked very pretty. From 4 to 6 the nurses off duty and in residence at the Nurses' Club gave an informal reception; the rooms were attractive with white and yellow flowers, and all enjoyed a good time. In the evening the ladies of the Civic League gave a reception. Music, reitations by Miss Jacobi, and dainty refreshments made the evening pass very pleasantly, and gave all the nurses an opportunity of knowing each other.

Tuesday, 7th, a mass meeting was held in the auditorium of Teachers' College at the University, Miss Erdmann in the chair. After the disposal of business a paper on "Post-graduate Work and Study" was read by Miss Mae McCulloch, which was much appreciated and discussed. The meeting adjourned to meet again in the Council Chamber of the City Hall at 3 p.m., when the following programme was followed: Invocation by Rev. J. K. Burleson; address of welcome by Mayor M. E. Murphy; response by Miss Louise Packebusch, R.N., Visiting Nurse of Grand Forks; address by Miss Bertha Erdmann, R.N., President of the Society and Directress of Nursing Course, University of North Dakota; address by President Frank L. McVey, University of North Dakota; address, "Objects and Purposes of Organization Work," by H. H. Healy, M.D., of Grand Forks; "The National American Red Cross," by Miss Maude Sides, R.N., Supt. Jamestown City Hospital; discussion; place of next annual meeting, Fargo.

On Tuesday a delightful auto ride was given the nurses by the Visiting Nurse Committee. This was followed by a luncheon given by the medical men, which all enjoyed very much. Following the afternoon programme a banquet was given at the University commons by the Grand Forks County Graduate Nurses' Association, to all the nurses and a few distinguished guests. Miss Erdmann, R.N., was Toast Mistress, the toasts being: "The Nurse and the Community," Mrs. Scott Rex; "The Visiting Nurse," Miss

Johnstone; "The Nurse as a Teacher," Miss Whitley; "The Nurse in the Home," Mrs. Crites and Mr. Fillett. All members felt that the meeting had been successful and that there were brighter hopes for North Dakota nurses.

TO KEEP BABIES WELL.

The Child Hygiene division of the Boston Board of Health began its field work against the high infant mortality in the city, for which it has made arrangements with the Milk and Baby Hygiene Association. Nine municipal nurses reported at the Board of Health office to receive their instructions from Dr. William J. Gallivan. They were assigned to different wards and were supplied with a list of all babies born in those wards this year, with instructions to visit their mothers and do whatever the circumstances dictate to be in the interest of life preservation. They were instructed to turn over to the Milk and Baby Hygiene Association all the mothers whose babies nurse on the bottle, because bottle feeding is regarded as the most serious factor in the mortality of the children. The danger lies largely in the kind of milk obtained and the Hygiene Association has contracted for a specially prepared milk to be delivered in ice every morning at nine different stations, as the mothers send for it. The nurses of the Board of Health will have a conference with the nine nurses of the Hygiene Association in order that they may map out their work and avoid visiting the same houses. Dr. Gallivan says he based his assignment of nurses by wards on a map of Boston which the Hygiene Association made, showing in different colors the frequency of deaths among infants.

At the outset there will be eighteen nurses to do this work—nine from the Health Board and nine from the Hygiene Association, but more will become available for it later in the summer if they are needed. They will have 6,000 babies on their list for their first visits, none of whom is more than six months old, and as soon as they have attended to them and become familiar with their requirements they will be given a list of all the babies who were born last year in Boston, about 15,000 more, many of whom, it is expected, will have to be supplied with modified milk.

Only well babies, such as do not need clinical attention, are to be considered in this campaign. It is to be wholly a preventive work, though the mothers will be given directions about where to find relief if their babies are sick. It is probable that many of that class will be turned over to the Floating Hospital as soon as that institution begins its harbor excursions. The medical authorities consider that the child has a good start in life if it is kept in good health the first twelve months, though the time is coming when the children of this city will be under continuous health supervision from birth to the completion of the school age.

Dr. William J. Gallivan, who, as chief of the division of child hygiene of the Board of Health will have charge of the work, makes the following statement about conditions in Boston which make it necessary, and what it is expected will be accomplished by it:

"According to a report by Dr. William H. Davis, vital statistician of the Health Department, there were 2,245 deaths of infants in Boston under one year of age in 1911. Of this number 649 died before reaching the age of two weeks, and 1,599 died between the ages of two weeks and one year. Of these

1,186 were bottle-fed babies. Among the principal causes of death were the following:

Diarrhoea and enteritis	627
Bronchitis	44
Broncho-pneumonia	190
Tuberculosis	54
Whooping cough	52
Meningitis	30

The effect of the seasons upon the infant death rate is shown on the monthly number of deaths:

January	162
February	175
March	195
April	196
May	181
June	129
July	286
August	260
September	224
October	172
November	138
December	137

"So the conclusion is forced on us that a great many babies die in Boston and that a great proportion of these deaths occur in the summer, and, finally, that a large percentage of these deaths is among babies who are bottle fed. Until quite recently the only activity displayed by the municipal authorities toward the prevention of infant mortality has been the circulation of a pamphlet of advice to mothers. With that exception all efforts toward prevention have been done by private charity. They have accomplished excellent results and deserve the commendation and support of the public.

"Despite their efforts, however, the number of infants who die in Boston from preventable diseases is still too large, and the division of child hygiene has made plans for a campaign against infant mortality. Conferences have been held with various associations. We look forward to a greatly reduced death rate among infants. The law requires physicians to report the birth of babies within forty-eight hours of said birth. Profiting by this information, the division of child hygiene has compiled a list of babies born in Boston since January 1, 1912. To the mothers of all such babies we have sent a circular giving advice about clothing, feeding and care.

"Babies nursed in the natural way cause little anxiety. The nurse will visit them, however, to make sure that the nursing is continued. It is expected that the bulk of the work will be among the bottle babies of those who are unable to employ a family physician.

"Every baby that our nurses find that will be in need of modified milk, or whose mother needs medical advice relative to general care and feeding, they will turn over to the Milk and Baby Hygine Association. The Board of Health nurses will work with their nurses and there will be no friction between us."
—Transcript.

My Scallop Shell of Quiet

Let not soft slumbers close your eyes,
Before you've recollected thrice
The train of action through the day!
Where have my feet chose out their way?
What have I learnt, where'er I've been,
From all I've heard, from all I've seen?
What know I more that's worth the knowing?
What have I done that's worth the doing?
What have I sought that I should shun?
What duty have I left undone?
Or into what new follies run?
These self-inquiries are the road
That leads to virtue and to God.—*Watts.*

Thank God every morning when you get up, that you have something to do which must be done, whether you like it or not. Being forced to work, and forced to do your best, will breed in you temperance, self-control, diligence, strength of will, content, and a hundred other virtues which the idle will never know.—*Charles Kingsley.*

Habit is a cable; we weave a thread of it each day, and it becomes so strong we cannot break it.—*Horace Mann.*

"The courage to try to do a thing before you know how, the patience to keep on trying after you have found out that you didn't know how, and the perseverance to renew the trial as many times as necessary until you do know how, are the three conditions of the acquisition of physical skill, mental power, moral virtue or personal excellence."—*Hyde.*

I cannot but think that the world would be better and brighter if our teachers would dwell on the duty of happiness as well as on the happiness of duty.—*Lubbock.*

What must of necessity be done, you can always find out how to do.—*Ruskin.*

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

THE CRY OF THE CHILDREN.

(Continued from July.))

(1) Children are Object Lessons to Nurses. The Children's Ward! What a school of Theology it is! (a) We are brought face to face with suffering innocents. What, after all, is the difference between a savage who slaughters a load of children in his own honor, and a God who "makes infants to glorify Him by their death"?—between Herod, who massacres the innocents, and God, Who could have stopped the massacre and didn't? How can children suffer and God be just? There is a complete answer to this and many another enigma, but I don't know, as yet, what it is. Only the very stupid refuse to believe because they cannot understand.

Besides, God has nowhere pledged Himself to explain Himself or His methods to us now and here. If He had, we should have a right to complain of enigmas; but He has nowhere guaranteed perfect knowledge in an imperfect state. "God is His Own Interpreter, and He will make it plain," some day. But for the Christian even in the twilight of early knowledge, a partial explanation is seen. Pain, as Dr. Liddon says, is like a Sacrament—and, like a Sacrament, its benefits depend on the conditions in which it is received. Just as we believe that Holy Baptism is "the means whereby" the infant receives a full measure of grace because it cannot oppose a rebel will, so we may think of pain as an agency through which the child is being perfected before a rebel will can oppose any hindering barriers to its spiritual effort. "Perfect through suffering" of some kind is the law of universal growth—for child as well as for adult.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(INCORPORATED 1908)

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street W., Toronto; Second Vice-President, Miss G. A. Read, 772 Hellmuth Avenue, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss L. L. Rogers, R.N., 908 Bathurst Street, Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Mrs. Paffard, c-r 36 Yonge Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss FlorencePotts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

Conveners of Standing Committees—Legislation, Mrs. Paffard; Revision of Constitution and By-laws, Miss Dyke; Press and Publication, Miss Rowan. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

In our own city the Nurses' Club has advocated registration and those of the Province have asked for legislation. In Manitoba the movement has gone a step further. A nurses' convention was recently held in Winnipeg. It was addressed by Dr. Mary Crawford, who advocated the making of nursing a part of the University course. This would make matriculation necessary before a girl could enter on her special training as a nurse. While, at present, many nurses are college graduates, girls who intend to make nursing their life's work, do not feel compelled to go through the High School. In all but the exceptional case this is unfortunate.

There are women who leave school young but who by diligent study or by gratifying a natural taste for reading improve themselves so that any defects in their early training are overcome. But this is not usually the case and the girl who begins her training after having been many years out of school labors under many disadvantages. The public will agree with the nurses' convention that to raise the tone of the profession, it would be advisable to insist on some general standard of education for those about to enter on a course of training. While womanly tact and kindness with professional skill are the indispensible qualifications of every nurse, a good general education is very much to be desired in those that wait upon the sick.—*Victoria Colonist.*

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL

President, Miss B. M. Simpson, Assistant Superintendent, Hamilton City Hospital; Vice-President, Mrs. Newson, 87 Pearl Street North; Recording Secretary, Miss M. E. Dunlop, 175 Charlton Ave. East; Corresponding Secretary, Miss E. F. Bell, Night Supervisor, Hamilton City Hospital; Treasurer, Miss A. Carscallen, 64 Emerald St. South.

Executive Committee—Miss L. O. Watson, 423 Main St. East; Miss C. E. Flock, 238 Robert St.; Miss A. E. McDermott, 10 Stinson St.; Miss M. McEachern, 143 James St. South; Miss M. L. Hannah, Mountain Sanitorium.

Regular meeting first Tuesday, 8 p.m.

A number of our nurses are enjoying a Western trip this summer, among whom are: Miss Deyman, Miss Lucy Watson, Miss Elizabeth Aitken, Miss MacEachern and Miss Ethel Brennan.

Miss Hindley, Class '08, has taken a position in the Hospital at Scott, Sask.

Miss Dalgleish is relieving Miss Hannah for a month at the Mountain Sanatorium.

Miss May Brennan has resumed her duties in the operating room after a delightful vacation.

Miss Simpson, Assistant Superintendent H. C. H., is holidaying at Lake of Bays, Muskoka.

Miss Madden returned June 6th from an interesting trip to the West.

Miss Bell, Night Supervisor H. C. H., is enjoying her holidays in Muskoka and at her home in Walkerton.

Married—In Miss Bowman's apartments, Portage la Prairie Hospital, on June 26th, 1912, by the Rev. Watt Smith, Miss Gertrude Summerfeldt, Class '05, to Mr. Fred Machan. Mrs. Machan's many friends were glad to see her in Hamilton for a few days.

The June meeting of the Hamilton Chapter of the G. N. A. O., held at the Nurses' Club, 143 James street south, was very well attended. After the meeting adjourned the nurses went over to the Flower Show in St. Paul's Church Sunday School, given in aid of the Babies' Dispensary Guild.

Mrs. Reynolds of the Nurses' Club is holidaying in Muskoka.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

Established 1895. **Incorporated 1901.**

President—Miss Phillips.

Vice-Presidents—Miss M. Welsh and Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss Colley, 133 Hutchison Street.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Lindsay Bldg., Room 611, 517 St. Catherine St. West.

Lectures—From November until May, inclusive, in the Medico-Chirurgical Society Rooms, 112 Mansfield Street, first Tuesday, 8 p.m.

The regular committee meeting was held on Monday, August 5th.

The Association is anticipating the pleasure of having at its first meeting in the Autumn a good report of the Cologne Congress from its delegates.

Miss Maud Welch has returned from her vacation.

Miss Fortescue, Secretary of the C. N. A., is still away.

Miss Fraser and Miss Dewar have left by boat for a trip to Pictou, N.S.

Miss H. S. Hill is spending her vacation in Metis, P.Q.

Miss Trench, Superintendent of the Woman's Hospital, has returned from a vacation in the West.

The Woman's Hospital, Montreal, has moved to 1000-1004 St. Catharine street west. A bazaar is to be held the end of September to raise funds to furnish a room for sick nurses. Any help from friends will be welcome. Donations may be sent to the Lady Superintendent, 102 St. Catharine street west, marked "Nurses' Bazaar."

Gaspé is to have a Victorian Order Nurse. Every year some new part of Canada unfolds, as it were, before the Victorian Order. This year it is Gaspé, and, as the Chief Superintendent made her way along that ever beautiful Quebec shore, it seemed as though nothing could be lovelier. Carlton, with its sunny, sandy beach, the quaint and beautiful little town of Pereé, with its famous rock claimed by the sea-birds for their own; Barachois de Mal Bay, from which floated out to us the sound of the church chimes Sunday morning, and, then, the Gaspé Basin, and the lovely panorama sketched out before our eyes, and we ask ourselves: "Could anything be more beautiful?" But we have asked that question before and we feel that, next year, nay, mayhap this very year, we shall ask it again. Canada is so full of beauty spots!

And it is in Gaspé, with all its natural beauty and its historic interest, that one of our nurses is to labor. The work is there, and judging by the interest the people showed in attending meetings to hear about the Order and to organize, the nurse will be welcomed and will find a good field in which she may work with a will and know that she is accomplishing much, very much, for her service is needed and is appreciated. Is there any higher reward?

On August 8th, Regatta Day, there is to be a Tag Day to start the Nurse Fund—the first Tag Day at Gaspé.

A post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa or to one of the District Superindents at 478 Albert Street, Ottawa; 29 Bishop Street, Montreal; 206 Spadina Avenue, Toronto, or 1300 Venables Street, Vancouver, B. C.

HOSPITALS AND NURSES.

Winnipeg:—Miss Wilson, Lady Superintendent, Winnipeg General Hospital, has opened the Nurses' Cottage "Ha-Ha-Lee-Wis" at Coney Island, Lake of the Woods, Ont. The cottage will remain open for the summer months.

The King Edward Hospital for city tuberculous cases was formally opened by H.R.H. the Duke of Connaught on July 11th, and is now ready to receive patients.

The corner-stone of the King George Hospital was laid by H.R.H. the Duke of Connaught on July 11th. The hospital, when finished, will accommodate the city's infectious cases.

The Children's Hospital was declared formally opened by H.R.H. the Duke of Connaught on July 17th. This is a beautiful building, and part of it has been in use since early in the year. Already many little sufferers have been cared for here. Miss Ramsay, the Superintendent, will leave shortly for a well-earned holiday. She will be absent about two months.

Miss A. M. Forrest, Head Operating Room Nurse, W.G.H., is spending her holidays with friends in the East.

Miss Hilda Corelli, W.G.H., '09, lately of the staff of Royal Insland Hospital, Kamloops, K.C., is spending the summer months abroad.

Miss Jean Matheson spent ten days at her old home, South Qu'Appelle, and is now at their summer cottage, Kenora, Ont.

Miss Sarah McKibbin, Vancouver, B.C., is spending holidays with relatives in the city.

Miss Ida K. Bradshaw, of the Social Service Department, W.G.H., is holidaying at the Ha-Ha-Lee-Wis, the pretty summer cottage of the W.G.H. nurses.

Miss Isabel M. Stewart, Department of Nursing and Health, Teachers' College, Columbia University, New York, spent several days in the city en route to Morden, Man., to visit her parents. While here she addressed the nurses on Registration and Higher Education for Nurses, and also told how Registration is working out in some of the American States. We hope to hear her again before she returns to New York.

Miss Ethel Johns, Superintendent, McKellar Hospital, Fort William, spent a month in the city visiting her mother and renewing acquaintances.

Misses C. M. Hood, Mary Bell and Ethel Reid, graduates W.G.H., left the city on July 2 with the party of about 350 teachers and nurses visiting the Old Land and the Mediterranean. This is the third summer party of this kind arranged for by the Board of Education, and organized by Mr. Fred Ney. The party will return early in September. We wish them all bon voyage.

The W.G.H. Nurses' Alumnae Association gave their annual "At Home" to the graduating class on May 14th. The entire number of those present signified to the "Look Out Committee" their wish to become members as soon as they are eligible. Two or three were absent on account of illness. An orchestra was in attendance. Mrs. Moody and Miss Wilson did honors at the tea table, while Mrs. S. J. S. Pierce cut the ices. Dancing, girls only, was indulged in, and after singing Auld Lang Syne the evening was voted the best ever in the history of the Association.

Miss Bowman, Superintendent, Portage la Prairie General Hospital, spent a week in the city in May.

Miss Beveridge, Superintendent of Nurses, M.S.N.M., is on holidays at present.

Miss Mary Gardner resigned her position on the Margaret Scott Nursing Mission staff, and, after a holiday, has accepted the position of Head Nurse of Children's Ward, Children's Hospital.

Misses Gent, Hermann and Aikman, Staff Nurses, W.G.H., were sent by the hospital to Regina, Sask., to assist in caring for the wounded following the disaster caused by the tornado which swept over that city on June 30th, 1912.

Misses Gray, Burns, Attrill, Hicks and Paynter, Staff Nurses, W.G.H., spent part of their holidays at Ha-Ha-Lee-Wis.

Miss Ethel Reid has resigned her position as Head Nurse, Children's Ward, W.G.H. The Staff Nurses gave a dance in her honour on the eve of her departure.

Miss E. G. Clearihue, Lady Superintendent, Regina General Hospital, spent her holidays with her parents here and has returned West.

Miss E. M. Lowe is summering with friends in England.

Miss Pelden has given up private nursing and gone East.

Miss Thom, Trail, B.C., joined the party of teachers and nurses taking the Mediterranean trip.

Miss Cameron is also taking the Mediterranean trip.

Miss Meehan has gone to Melville, Sask., to take a hospital position.

The afternoon of May the 28th was one long to be remembered by the graduating class of 1912. The beautiful Nurses' Home, made more beautiful by the profusion of plants and flowers, made the background for those graduating, who, for the occasion, had donned new uniforms and everything the pink of perfection, made a very pretty scene indeed. The friends of the graduating class were there in great numbers to do honour to and witness the nurses receive their diplomas and medals, emblems of their three years well spent. The following is the list of those graduating: Miss Clara Gillies, Miss Jean A. Macdonald, Miss Alice May Pirt, Miss Sadie Ferguson, Miss Annie J. Hood, Miss Blanche F. Broley, Miss Edith W. Loucks, Miss Agnes E. Brownridge, Miss Margaret Rinn, Miss Alice M. Patton, Miss Edith E. Howland, Miss Evelyn E. Hall, Miss Lizzie R. Aikman, Miss Annie Bertha Hamilton, Miss Frances E. Hodgins, Miss Jean St. Clair Cowie, Miss Edith M. Gollmer, Miss Margaret E. Hardy, Miss Janet M. McClung, Miss Lenora Herrington, and Miss Georgina Grace MacEachern. Rev Dr. E. Guthrie Perry, of Manitoba College, was the chief speaker, and it should have gladdened the heart of every nurse present to hear him laud the nursing profession, and certainly it sounded good to the older graduates to hear him voice their sentiments, that in this modern age there should be a closer tie between the training schools and universities, and also that the time was near when nurses graduating would receive their diplomas as other graduates do, at the hands of the Chancellor of the University.

Mrs. (Dr.) Hugh MacKay is spending the summer at Detroit Lakes.

The Alumnae Association of the Guelph General Hospital held its annual meeting in the Nurses' Home on July 25th, at 3.30 p.m. The reports of the officers were received, that of the Secretary, Miss Walker, being particularly

interesting. She reviewed the progress of the Association from its reorganization in 1905, with a small membership of thirteen, to the present, showing an increase of forty-seven members on the roll. She urged the necessity of greater interest being taken on the part of each individual member, and asked for the co-operation of the nurses for the advancement of the professiion of nursing, and gave other good advice, which I should like to report, did space permit. The Association received with deep regret the resignation of Miss Walker, who has always been a most enthusiastic worker, and to whose efforts the Association owes its reorganization. Miss Walker is going, with her people, to live in Vancouver, B.C. The officers for 1912-13 were elected: Hon. President, Miss Reekie, Superintendent, G.G.H.; President, Miss Armstrong, 9 Queen St., Guelph; 1st Vice-President, Miss Watrous; 2nd Vice-President, Miss Gibson; Secretary, Miss

Kropf, General Hospital, Guelph; Treasurer, Miss Miller, 19 Powell St., Guelph; Sick Visiting Committee—Miss Hackney (Convener), Miss Taylor, Miss Holmes; Nurses' Room Committee—Miss Gladstone (Convener), Miss E. Richardson, Miss Liphardt; Programme Committee—Misses Phillips and Gordon; Canadian Nurse Rep.—Miss J. E. Anderson, 35 Norwich St., Guelph.

The graduating exercises of St. Joseph's Hospital, Chatham, Ontario, took place in St. Joseph's Hall Monday evening, June 10th. The stage was beautifully decorated in white and yellow, the hospital colors, for the occasion. Rev. Father James, O.F.M., presented the eight graduates with their diplomas and medals, and eight little flower girls danced in and presented exquisite bouquets.

A most interesting address was given by Rev. Father Brennan, of Wallaceburg. Appropriate addresses were also given by Dr. R. V. Bray and Dr. C. R. Charteris. The graduating nurses were: Misses Florence King, Veronica Casey, Anna L. Mayhew, Mary Smith, Sarah Denomy, Cora Forton, Elizabeth Minard and Marie O'Dwyer.

The graduating exercises of St. Luke's General Hospital Training School

for Nurses, Ottawa, were held on May 15th. Sir Louis Davies gave the opening address. Dr. W. Carden Cousins read the report of the Training School, and also led the nurses in the Florence Nightingale Pledge. H. R. H. the Duchess of Connaught presented the diplomas and medals. The valedictory was given by Dr. Robert A. Powell. His Grace the Archbishop of Ottawa pronounced the benediction.

Halifax, N.S.—The Fund for Sick Nurses promises to derive substantial benefit from a very successful concert given by the Association on the evening of May 24th. The assembly hall of the Y. W. C. A. had been tastefully decorated under the supervision of Misses McKee Graham. The hangings of bunting made a pleasing contrast to the neat uniforms of the nurses.

Several talented vocalists gave assistance with the programme and clever readings and recitations were contributed by Mrs. Jakeman and by Canon Hind. Nurses in uniform representative of the various hospitals, the Army Nursing Sisters, and the Victorian Order of Nurses, acted as ushers.

The opening chorus, "Let Music and Song be our Pastime," was delightfully sung by Misses Covey, Runby, Mosher, Smith, Fitzgerald, Mourbouquette and the Misses Bernaby. At the conclusion of the programme these nurses also sang the Maple Leaf, the Nntional Anthem.

The seventh annual meeting of the Alumnae Association of St. Michael's Hospital, Toronto, was held on Monday, May 13th. The President, Miss Connor, occupied the chair. A large number of members were present. Reports of the different committees were read and were very satisfactory. The election of officers took place, resulting as follows: President, Miss Connor, 853 Bathurst St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Miss McBride, 518 Markham St.; Secretary, Miss Thompson, 9 Pembroke St.; Directors, Miss Isabel O'Connor, 9 Pembroke St.; Miss Crowlie, 853 Bathurst St.; Miss O'Brien, 570 Sherbourne St.; Secretary-Treasurer Sick Benefit Fund, Miss O'Connor, St. Michael's Hospital; Representatives on Central Registry Committee, Miss Power, 9 Pembroke St.; Miss Rowan, 9 Pembroke St.; Representative "The Canadian Nurse," Miss Dunne, 549 Markham St.

The handsome new wing of the Owen Sound General and Marine Hospital was opened on April 16th. It contains the Superintendent's suite, a diet kitchen, the delight of the nurses, the dispensary, and a well equipped operating suite, in addition to the wards. Several churches and societies have furnished wards. The equipment throughout is of the best. The total cost is nearly $40,000.

The twenty-second graduating exercises of Grace Hospital Training School for Nurses, Toronto, were held on Thursday evening, June 13th, at 8.30 o'clock in the assembly hall of the Royal College of Dental Surgeons. Mr. J. E. Atkinson, Secretary of the Board of Governors, occupied the chair. The proceedings were opened by the Rev. C. E. Sharpe, who offered the invocation.

Dr. Bruce Smith, Inspector of Hospitals, addressed the graduating class. He mentioned some of the phases of private nursing which would tax the newly graduated nurse severely at times, and gave excellent rules to be

observed by all nurses, especially exhorting them to cultivate a sense of humor. He dealt at some length with the sacred duties imposed upon the nurse who receives the full confidence of the family in which she is placed. Miss Rowan, Principal of the Training School, administered the Florence Nightingale Pledge to the class, after which she presented the diplomas. The school pins were presented by Dr. Edith Beatty, Medical Superintendent. The medical staff of the hospital presented each member of the graduating class with a complete set of nurses' instruments in a case.

The following nurses received their diplomas: Miss C. L. Bradshaw, Ridgeville; Miss B. M. Charters, Meaford; Miss I. L. Hart, Toronto; Miss Amy McCallum, Toronto; Miss E. A. Quigley, Leaskdale; Miss A. M. Calder, Beaverton; Miss A. A. Dent, Montreal; Miss B. O. Maguire, London; Miss M. F. Henricks, Toronto; Miss M. A. Archibald, Kettleby; Miss A. S. Elliott, Brampton; Miss F. E. McLaughlin, Palmerston.

The winner of the VanderSmissen medal was Miss E. A. Quigley. Mrs. R. B. Hamilton's prize for neatness was awarded to Miss M. F. Henricks.

After the close of the exercises a reception was held and later the nurses enjoyed an informal dance for an hour. The bouquets of Richmond roses carried by the graduating nurses were presented by Sir Henry Pellatt.

The regular meeting of the Toronto Central Registry Committee was held at the clubhouse, 295 Sherbourne St., on Monday, July 1st, at 3 p.m., Miss Fergusson in the chair. Nine members were present. Eight applications were considered by the committee and accepted.

We are sorry to report the death of one of our members, Miss Booth, a graduate of the Toronto Western Hospital, who died June 10th. Total calls for June were 258; Extension Fund cases, 2. Balance in bank July 1st, $1,664.45.

Miss Teetgen has returned from her visit to the Old Country, and is on her way to Islay, Alta. She has been in England soliciting contributions for the first Lady Minto Cottage Hospital in Alberta. This little hospital at Islay, which has attracted the attention of the whole West, has recently been completed. Ten months ago there was nothing of it, to-day there is a neat little building equipped throughout, and with nurses and a doctor in charge. The moving spirit in all this is Miss Teetgen, who came to the West last summer on a visit to her sister at Islay. While there it came to her how great a need there was for such an institution if the pioneer woman was to be given a chance for her life and that of her child. As the Hon. Frank Oliver put it: "While others talked of the necessity, Miss Teetgen went forth to meet it," and the result is the little hospital. Miss Teetgen was made Honorary Secretary of the hospital, and took a trip to England this winter in its interests.

The work has cost about $5,000. Two thousand dollars was contributed towards the Building Fund by the Lady Minto Fund in the administration of the Order (in virtue of which Islay Hospital is affiliated to the Order), but the other $3,000 has been collected on Islay's behalf, locally, and by the individual efforts of the Secretary in Edmonton and in London, England. Needless to say, the hospital does not look to the Order for maintenance; it is wholly responsible for itself. It was because of the disappointing harvest

last year that the Secretary had to look further afield than the Islay district for funds, and she has been immensely encouraged in her task by the approval of men like the Premier of Alberta, the Commissioner of Immigration in Winnipeg, and of no less a figure in the world of hospital affairs and nurses' concerns in London than Sir Henry Burdett, K.C.B. As the first and only Lady Minto Cottage Hospital in the whole Province of Alberta, it is to be hoped that success will mean the multiplication of such little centres of beneficent activity over the whole homesteading area.

The Corry Hospital Training School, Corry, Penn., held its annual commencement exercises May 23rd, 1912. Seven nurses received diplomas—Miss Edith Anderson, Miss Maud Thornton, Miss Elizabeth Patriarche, Mrs. Ora Harper, Miss Elizabeth Hamilton, Miss Lillian Harper, Miss Helen Hill.

The annual graduation exercises of Royal Victoria Hospital, Barrie, Ont., took place on Tuesday, June 18th. F. R. Porritt, President of the Board, presided. He announced a bequest of $7,000, which, with the $2,000 given by Judge Ardagh, made the nucleus of what he hoped would be a large endowment.

Mr. Porritt presented diplomas to the graduating class: Miss Ethel Halbert, of Alliston; Miss Ida Howard, of Weyburn, Sask.; Miss Josephine Quinn, of Barrie, and Miss Henrietta Isbister, of Peterboro.

Dr. Evans briefly addressed the nurses, emphasizing chiefly the nobility, the responsibility and arduous nature of their work. He congratulated them upon the honors achieved, which he felt sure they would always wear worthily, and he wished for them the highest success in the sacred and noble calling they had chosen.

The class pins were presented by Mrs. Drury, President of the W. A. As a worker on behalf of the hospital for ten years, she wished to express her appreciation of the generous treatment their work had received from the people of Barrie. The W. A. never appealed to them without a hearty response.

On behalf of the Auxiliary, handsome bouquets were presented to the graduating class by Mesdames Gallie, Bosanko, Watt and Otton. To Dr. McLeod fell the duty of presenting the gold medal to Miss Halbert, which duty he prefaced by a few remarks.

"The hospital stands for natural solicitude for suffering, ennobled by Christianity and rendered efficient by abundant resources of medical skill," was the definition with which Rev. Dean Moyna opened his remarks. He showed that hospitals dated back to the days of ancient Greece and Rome, but the coming of Christ, which made us all brothers as well as brothers of Himself, ennobled this spirit, placed it upon a higher plane. It is such work that will merit the words of commendation "Inasmuch as ye did it unto one of these, etc." The wealthiest man in Barrie could not purchase any better treatment than is here offered to the poorest citizen. "The hospital appeals to us from a humanitarian standpoint, from an economical standpoint, from a Christian standpoint, and there is not a man in Barrie, be he rich or poor, who should not contribute, according to his means, for the support of this most worthy and necessary institution."

A few words from the President, expressing appreciation of the work of the Woman's Auxiliary, brought the programme to a close.

The graduating exercises of Toronto General Hospital School for Nurses were held on the afternoon of May 31st. Mr. J. W. Flavelle, Chairman of the Board of Governors, presided. Rev. Professor Law, D.D., offered the invocation. The Ven. Archdeacon Cody, D.D., LL.D., addressed the graduating class. The report of the school was read by Miss R. L. Stewart, Superintendent of Nurses. Dr. C. K. Clarke, Superintendent of the Hospital, presented the diplomas and medals. The Dr. James F. W. Ross Scholarship for general proficiency was awarded to Miss B. B. Pollard. A special scholarship was awarded to Miss Anna Bartlett, who shared the honor of being first with Miss Pollard. The H. A. Bruce Scholarship for proficiency in operating room technique was awarded by Dr. Bruce to Miss E. M. Wilkins. For highest standing in examinations: 1, the Charles O'Reilly Prize, was awarded to Miss B. B. Pollard; 2, the Walter S. Lee Prize, to Miss A. Bartlett; 3, the R. L. Patterson Prize, to Miss Minnie J. Duncan. Prize for neatness and order in room, awarded annually by Mrs. R. B. Hamilton, went to Miss Pollard and Miss Duncan.

In the Intermediate year the J. D. Patterson Scholarship for general proficeency was won by Miss A. G. Dove, and in the Junior year the Arthur McCollum Memorial Scholarship for general proficiency was awarded to Miss McEachren.

At the close of the exercises the garden party in the beautiful grounds gave an opportunity to the guests to offer their congratulations and good wishes to the new graduates.

The graduating class: Charlotte E. Anderson, Massey Station; Mary A. Atkinson, Barrie; Anna M. Bartlett, Beamsville; Minnie Curts, Toronto; B. Henrietta Davidson, Toronto; S. Agnes Campbell, Carman, Manitoba; Minnie J. Duncan, Toronto; Anna Ellerington, Toronto; Agnes A. Godbold, Toronto; Isabella McD. Haig, Baltimore; Corinna B. Hanna, Mono; Florence Hill, St. John's, Newfoundland; Lena G. Hurst, Alliston; Mary Elizabeth Jardine, Omemee; Christine M. Johnston, Toronto; Helen B. Knowles, Toronto; Elsie M. W. Loblaw, Bond Head; J. Leila Oldham, Chatsworth; Alma M. Patterson, Toronto; Birdie B. Pollard, Oshawa; Meta J. Ryan, Waubaushene; Elizabeth T. Standfield, London; Edith L. Stauffer, Brigden; Lulu M. Stevenson, Toronto; E. F. Tupling, Shelburne; E. Maude Wilkins, Baysville; Margaret E. Owen, Kamble.

Miss Annie Jones, of Boston, Mass., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has succeeded Miss Effie W. Ferris, also a graduate of the Pennsylvania Orthopaedic Institute, in her private practice in Wichita, Kansas, owing to the latter's marriage.

Mr. Peter P. Decosky, of Saginaw, Mich., a graduate of St. Mary's Hospital, Saginaw, Mich., and also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged to take charge of the hydriatic department of the Elyria Memorial Hospital, Elyria, Ohio, to succeed Mr. Gunning Butler, also a graduate of the Pennsylvania Orthopaedic Institute.

Miss Maria E. Stevenson, of Philadelphia, after her graduation from the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been engaged for the mechanical department of the Barber Sanatorium and Hospital, Charleston, W. Va.

Miss Marie McK. Guilmette, of Winnipeg, Canada, after completing her courses in Mechano-Therapy at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been engaged by the Charlotte Sanatorium of Charlotte, N.C., to take charge of its mechanical department.

Among the students graduating at the end of the winter and spring terms were the following trained nurses: Emmy C. J. Hoffstrom, Manchester, N.H., Augustana Hospital, Chicago, Ill., post-graduate Massachusetts Charity Eye and Ear Infirmary, Boston, Mass.; Mary V. High, Ashtabula, Ohio, Ashtabula General Hospital; Anna L. Gummick, Saginaw, Mich., St. Mary's Hospital, Saginaw, Mich.; Anna M. Dwyer, Saginaw, Mich., St. Mary's Hospital, Saginaw, Mich.; Rose F. Failey, Mobile, Ala., Providence Infirmary, Mobile, Ala.; Peter P. Decosky, Saginaw, Mich., St. Mary's Hospital, Saginaw, Mich.; Lucile L. Goodrum, Tonopah, Nevada, Sister's Hospital, Sacramento, Cal.: Minor's Hospital, Tonopah and County Hospital, Goldfield, Nev.; Freda O. Bock, Holyoke, Mass., Holyoke City Hospital and Mothers' and Babies' Hospital, New York; Louise K. Harris, White Haven, Pa., Chestnut Hill Hospital and Oncologic Hospital, Philadelphia; Anna Lauman, Cold Spring, Ind., Ft. Wayne Lutheran Hospital, Fort Wayne, Ind.; Alice Chapman, Lethbridge, Alta., Canada, Saffron Walden Hospital, England, post-graduate Glasgow Maternity Hospital; Julia Dahlquist, Gothenburg, Neb., Swedish Hospital, Minneapolis, Minn.; Alice M. Hunter, Montreal, Canada, Royal Victoria Hospital, Montreal; Fanny J. Beach, Proctor, Vt., Framingham, Mass., post-graduate General Memorial Hospital, New York; Martha E. Braden, Lexington, Ky., Good Samaritan Hospital, Lexington, Ky.

Miss E. C. Templeton has returned to Calgary, Alta., having completed a most interesting and instructive tour of Turkey, Palestine, Egypt and Scotland.

The annual graduating exercises of the Toronto Western Hospital were held on June 7th, Friday, at 8 p.m., the first to be celebrated in the new hospital building. The opening prayer was offered by Rev. W. H. Hincks. After a very short address by Hon. Thos. Crawford, the Chairman, Miss Bell, read a short, comprehensive report of the year, showing a history of progress and improvement in all branches of the hospital's activities.

Bishop Sweeny, in his address to the graduating class, combined kindly advice with warm encouragement spiced with a liberal grain of humor.

Then came the event of the evening to the class of thirteen graduates, when their hard-earned diplomas and prizes were awarded them, accompanied by an armful of roses from Alma Mater and flowers from friends.

The diplomas and medals were presented by Dr. James McCullough, Medical Superintendent, the scholarships and prizes by Dr. A. A. McDonald, Dean of the Staff.

After the exercises the chairs were cleared from the room and a social

half hour spent, after which time the orchestra arrived and provided excellent music for a few hours' dancing.

Surely no class ever received a warmer send-off than that given the Graduating Class of 1912.

The scholarships and prizes were awarded as follows:

The Dr. Albert A. Macdonald Gold Medal for general proficiency and highest marks, to Bertha Becker.

Prize presented by Dr. H. A. Beatty for highest marks in surgery, to Maud Beckett.

Prize presented by Dr. Price Brown for highest marks in nose and throat, to Florence McKibbon.

Prize presented by Thos. Findlay, Esq., for highest marks in medicine, to Ruby Creighton.

Prizes presented by Miss A. Dixon for highest marks and efficiency in massage: First, Bertha Becker; second, Etta Wabb.

Prize presented by Miss Isabella Pease for highest marks in dietetices, to Maud Beckett.

Prize presented by Dr. Wm. Heggie for general proficiency and highest marks in Intermediate Class, to Patricia Tuckett.

The Graduates are:—Margaret Annan, Dunbarton; Zella DeGeer, Stouffville; Norma Cook, Fordwich; Maud Beckett, Tillsonburg; Bertha Becker, Proton Station; Ruby Creighton, Schomberg; Etta Wabb, French River; Jean Fasken, Port Dover; B. M. Campbell, Owen Sound; Willa Chapman, Kingston; Gertrude Parker, Bobcageon; Florence McKibbon, Strathhaven; Ella Masterson, Peterborough.

The annual graduating exercises of the Brandon General Hospital Training School were held in the parlors of the Nurses' Home on June 3rd, when a class of ten received their diplomas.

Amongst those present were a number of the medical staff, board of directors and graduates of former years.

The exercises were opened by the President, Mr. Chas. Whitehead. The graduates were addressed by the doctors and members of the Board. The examiners spoke in very high terms of the work of the class, the marks received giving evidence of diligent study.

Five medals were awarded owing to the competitors for second and third prizes having even marks. The names are as follows:—M. A. Waddy, gold medalist; E. G. Dolmage, silver medalist; S. Haddock, silver medalist; E. F. McIvor, bronze medalist; M. M. Morrison, bronze medalist; A. S. Francis, J. A. Hardy, R. M. Duffus, C. F. Dunn, C. Calder. Miss M. M. Morrison was also awarded the special prize for general proficiency.

A pleasing feature of the evening was the presentation of a framed photograph of the class to Drs. More and McDiarmid, who are retiring from active work on the staff after many years of faithful and efficient service. A similar photograph was presented to Miss Birtles, Superintendent of Hospital and Training School, and also to Mrs. Hatcher, the housekeeper.

Light refreshments were then served, after which the singing of the class chorus and the National Anthem terminated a most enjoyable evening.

The Mission boat, Columbia II, of the Columbia Coast Mission, and the three hospitals situated at Van Anda, Rock Bay and Alert Bay, have all had an especially busy season ministering to the various camps along the coast, as well as for the settlers and Indians.

Miss Fitzpatrick-Smith, formerly one of the Assistant Superintendents at the Vancouver General Hospital, has left for Victoria, to reside there. Miss Fitzpatrick-Smith will take up the duties of Secretary of the Victoria Women's Club.

Vancouver.—During the week ending July 27th the attendance on the five city playgrounds was 7,357, as compared with 7,040 for the previous week.

More than 330 games of great variety were played with various sized groups ranging in size from 10 to 100 players and twenty-one baseball or lacrosse matches were played, while four of the grounds held picnics to various beaches or parks. The various activities carried on are impossible to tabulate correctly. Each day ten expert play leaders are instructing the children of the city in the principles of good citizenship, good health, fair play and clean living.

Saskatoon, Sask., is to have a new St. Paul's Hospital, to cost $120,000.

Probably the most striking feature of the new wing of the Isolation Hospital, Toronto, which is just being opened for use, is the precaution taken to prevent cross-infection.

The new building is designed specially for diphtheria patients and for observation wards. It is to the observation wards that the chief interest attaches. These are in the rear, while the diphtheria wards are in the front. The observation wards comprise a number of cubicles, glass-partioned compartments, in which the diphtheria patients are kept for a period of incubation, five days. The nurse in charge takes precautions to prevent the carrying of some other disease to the patient. She changes her gown each time she enters a cubicle, and keeps a separate gown in each. Not only does she change gowns, but she scrubs her hands after every visit to a patient.

Tag Day, on July 20th, in Vancouver, B.C., for the collection of funds for the Victorian Order of Nurses, resulted in over $4,000 being collected.

The Board of the Royal Columbian Hospital, New Westminster, B.C., decided to call for tenders for the removal of the annex to the main building to a position in line with the Nurses' Residence. The removal is to enable the erection of the new building on the site of the old.

The new wing, containing seventeen rooms, which is being added to St. Mary's Hospital, New Westminster, B.C., will be ready for occupation in September.

The Toronto Western Hospital Alumnae Association held its last meeting for the season on June 7th, at the Graduate Nurses' Club. Mrs. MacConnell, the President, gave a very interesting report of the Nurses' Convention held in Hamilton, May 24th. Miss Tilley, a graduate of the School, then addressed the Alumnae on "Medical Missionary Work in China." Miss Tilley has been engaged in this work since her graduation in 1905, and intends resuming it as soon as her health will permit.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Mrs H. F. M. Bowman, Berlin and Waterloo Hospital, Berlin, Ont.; First Vice-President, Miss Kate Madden, City Hospital, Hamilton; Second Vice-President, Miss C. M. Bowman, General Hospital, Portage la Prairie, Man.; Treasurer, Miss Louise C. Brent, Hospital for Sick Children, Toronto; Secretary, Miss Alice J. Scott, 11 Chicora ave., Toronto; Councillors—Miss Mina L. Rodgers, General Hospital, Niagara Falls, Ont.; Miss Mabel F. Hersey, Royal Victoria Hospital, Que.; Miss Mary A. Snively, Miss Nora Tedford, General Hospital, Montreal, Que.; Miss Robina L. Stewart, General Hospital, Toronto; Miss Ethel Johns, John McKellar Hospital, Fort William, Ont. Auditors—Miss Mina L. Rogers, General Hospital, Niagara Falls, Ont.; Miss Elizabeth G. Flaws, The Wellesley Hospital, Toronto.

GRACE HOSPITAL ALUMNAE ASSOCIATION.

Hon. P.resident, Miss Rowan, Supt. of Nurses, Grace Hospital; President, Miss DeVellin, 505 Sherbourne St.; First Vice-President, Miss A. Carnochan; Second Vice-President, Miss P. Wood; Secretary, Miss I. Sloane, 154 Beverley St.; Assistant Secretary, Miss M. E. Henderson, 434 Markham St.; Treasurer, Miss A. M. Comley, 31 St. Mary St.;

Board of Directors—Misses Etta McPherson, Cordingley, Worden, Cunningham and Noble.

Social Committee—Misses Blewett, Stephens and J. H. Russell.

Convenors of Committees: Sick Visiting—Miss Pearen, 434 Markham St. Programme—Miss Hunter, 566 Sherbourne St.. Press and Publication—Miss L. Smith, 9 Pembroke St.

Representatives on Central Registry Committee—Misses Knight and Hawley, 71 Grenville St.

Representative "The Canadian Nurse"—Miss Rowan.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Mrs. E. M. Feeny, 39 Grove Ave.; First Vice-President, Miss Annie I. Robinson, 295 Sherbourne St.; Second Vice-President, Miss M. E. Christie, 39 Classic Ave.; Recording Secretary, Miss J. M. Knisely, 50 Dundonald St.; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 Queen's Park; Treasurer, Miss Clara Evans, 130 Dunn Ave.

Directors—Misses E. Field, P. M. Green, Pearl Allen.

Conveners of Committees—Sick Visiting, Miss M. A. B. Ellis, General Hospital; Social and Look-Out, Mrs. A. G. Findlay, 649 Church St.; Registration, Miss Bella Crosley, 41 Rose Ave.; Programme, Miss Janet Neilson, 295 Carlton St.

Representatives on Central Registry Committee—Miss W. Ferguson, Miss C. A. Mitchell.

Representative "The Canadian Nurse"—Miss Lennox, 107 Bedford Rd.

Regular meeting, First Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL TORONTO.

President, Miss Connor, 853 Bathurst St.; First Vice-President, Miss O'Connor, St. Michael's Hospital; Second Vice-President, Miss McBride, 518 Markham St.; Secretary, Miss Thompson, 9 Pembroke St.; Treasurer, Miss O'Mara, 9 Pembroke St.

Board of Directors—Miss Isabel O'Connor, 9 Pembroke St.; Miss Crowlie, 853 Bathurst St.; Miss O'Brien, 570 Sherbourne St.

Representatives on Central Registry Committee—Miss Power, 9 Pembroke St.; Miss Rowan, 9 Pembroke St.

Representative "The Canadian Nurse"—Miss Dunne, 549 Markham St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, St. Michael's Hospital.

Regular meeting, second Monday, 3 p.m.

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A delicious summer drink is iced Bovril. Mix a spoonfu in a cold split soda water. This is both cooling and strengthening. Cold bouillon served alone or with toast or crackers is an exquisite afternoon refreshment. Make a quantity of Bovril with boiling water in the usual manner and cool it in the ice box. Many hostesses are serving this bouillon which is always excellent.

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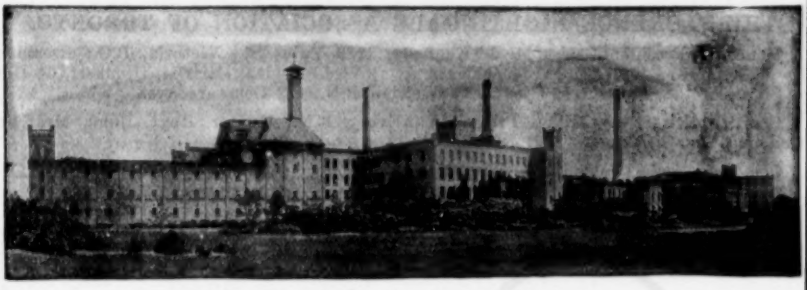

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Recording Secretary, Miss Hill, 105 Roxboro St. East; Corresponding Secretary, Miss Catharine Cameron, 207 St. Clarens Ave.; Treasurer, Mrs. H Caniff, 755 Ynoge St. Directors—Misses Panton, Charters, Winter, O'Hara.

Conveners of Committees—General Business, Miss Ewing, 295 Sherbourne St.; Sick Visiting, Miss G. Gowans, 5 Dupont St.

Press Representative—Miss M. Gray, 505 Sherbourne St.

Representatives on Central Registry Committee—Miss McCuaig, 7 Bernard Ave.; Miss Gray, 505 Sherbourne St.

Representative, "The Canadian Nurse"—Miss G. A. Gowans, 5 Dupont St.

Regular Meeting—Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Daig, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St.; Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

Conveners of Committees—Sick Visiting, Miss Hallett; Programme, Miss McFadyen.

Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, R.N., 290 Macpherson Ave.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, R.N., 113 Delaware Ave.

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Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses McKenzie and Pringle.

The Canadian Nurse Representative—Miss VanEvery, R.N., 116 Fermanagh Ave.

Regular meeting, first Tuesday.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Hon. President, Miss Bell, Lady Superintendent; President, Mrs. MacConnell, 125 Major St.; First Vice-President, Miss Cooper, 30 Brunswick Ave.; Second Vice-President, Miss Kelly; Recording Secretary, Miss Moore; Corresponding Secretary, Miss L. Bowling, 77 Winchester St.; Treasurer, Miss Mary Anderson, 48 Wilson Ave.

Visiting Committee—Mrs. Coady, Miss Cooney.

Registry Committee—Miss Anderson, Miss Baker.

Board of Directors—Miss Davis; Mrs. Yorke, 400 Manning Ave.; Miss Cooper, 30 Brunswick Ave.

Programme Committee—Misses Fee, Moore and McDermid.

The Canadian Nurse—Miss M. Butchart.

Regular meeting, first Friday, 3.30 p.m.

"there is no surgeon of any experience who is not convinced of the soundness of the principle which underlies Bier's hyperemic treatment, and this being accepted there is every reason to discard the ice bag since the latter brings about a condition directly opposite to what we strive to accomplish in carrying out this principle in the treatment of inflammation involving the peritoneum." Dr. A. M. Fauntleroy, Surgeon, U.S. Navy, *Medical Record,* August 3rd.

Dr. Fauntleroy demonstrates that while the ice bag relieves pain by practically producing numbness as in a frost bitten toe or ear, it also decreases hyperemia, leucocytosis, and encourages stasis in the part to which it is applied.

That heat is the direct antithesis of cold in encouraging favorable physiological action in inflammatory processes, whether superficial or peritoneal, here seems to be most logically and conclusively proven.

That antiphlogistine affords the most convenient, sanitary and satisfactory method of utilizing heat as a therapeutic agent would also seem conclusive from its extensive employment by the medical profession.

BIRTH.

ROGERS.—On July 2nd, at Suite 57, The Roslyn, Roslyn Road, Winnipeg, to Mr. and Mrs. E. G. Rogers, a son.

MARRIAGES.

BATT—HUNTER.—On July 9th, by Rev. Jos. Locke, Margaret Evelyn Hunter, graduate of Hamilton City Hospital, to Mr. Charles H. Batt, West Toronto.

McMILLAN—GRIERSON.—On January 26th, at the Central Methodist Parsonage, Toronto, by Rev. J. H. Hazlewood, D.D., Miss Janet G. Grierson, graduate of Guelph General Hospital, Class '05, to Mr. David A. McMillan, Eramosa, Ont.

McCORMAC—SNIDER—In Vancouver, B. C., on December 21st, at the home of Mr. A. G. Halstead, Mrs. Laura Knowlson Snider, only daughter of the late Rev. William and Mrs. Halstead, of Portage la Prairie, Man., to Mr. John W. McCormac, of Santa Ana, California. Mrs. McCormac is a graduate of Winnipeg General Hospital Training School for Nurses, class '02.

Looney—Ratcliffe.—On June 25th, at Stouffville, Ont., Miss Ratcliffe, graduate of Toronto General Hospital, to Rev. Mr. Looney, Brantford.

Wilson—Roberts.—On June 25th, by Rev. Dr. MacGillivray, Miss Leta L. Roberts, graduate of Toronto General Hospital, to Francis D. Wilson, M.D., Calgary.

Aitken—Hewat.—On June 19th, Miss Jean Hewat, graduate of Hospital for Sick Children, Toronto, to Mr. Andrew Aitken, of Rockwood, Ont.

McKinnon—Blackwell.—On June 19th, at the residence of the bride's mother, by Rev. R. Ferguson, Miss Elizabeth Blackwell, graduate of Grace Hospital, Toronto, to Mr. McKinnon of Toronto.

Jamieson—McArthur.—On June 10th, at the home of Mr. and Mrs. John McArthur, Ramona, by Rev. J. R. Reddon, Miss Elizabeth McArthur, graduate of Dr. Meyers' Hospital, to Mr. D. Norman Jamieson.

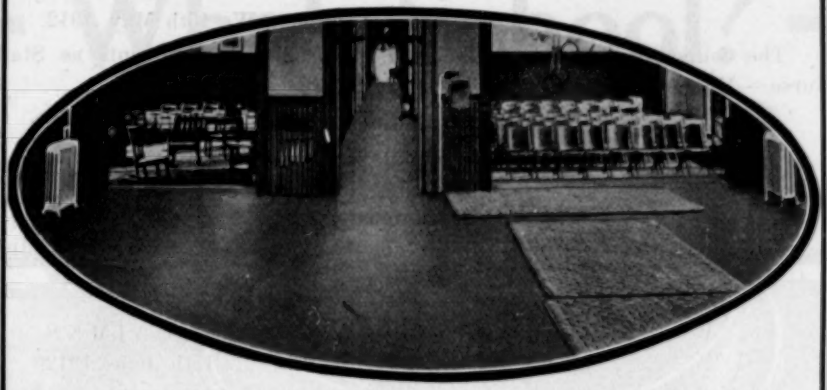
Jarvis—Cordingly.—On June 17th, at St. James' Cathedral, Toronto, Miss Cordingly, graduate of Grace Hospital, Toronto, to Mr. Seyward Jarvis.

Brown—Thompson.—On February 21st, 1912, at the residence of the bride's mother, East Toronto, by Rev. Judson McIntosh, of Chester, Miss Nellie Thompson, graduate of Toronto General Hospital, to Mr. T. W. Brown, of Saskatoon, Sask.

Sheridan—Boland.—On June 27th, at the residence of Professor McLaughlin, Toronto, by Rev. Prof. McLaughlin, uncle of the bride, Miss Elsie Boland, graduate of Toronto General Hospital, to Mr. Frank Sheridan, Bowmanville, Ont.

Young—Duggan.—On June 25th at 716 Manning Ave., Toronto, by Rev. G. S. Despard, of Aurora, Miss Florence Duggan, graduate of Rhode Island Hospital, Providence, to Mr. Henry L. Young, Toronto.

Hoffman—Spanton.—On June 7th, at 75 Bloor St. East, Toronto, Miss Mabel Spanton, graduate of Birkenhead Hospital, England, to Mr. Norman Hoffman, Gull Lake, Sask.



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Every breath of air taken into the lungs either purifies or poisons the blood.

Wherever many persons come together there are apt to be quantities of dust floating in the air, brought in from the streets and raised from the floors by the constant movement of many feet.

Science has proved dust is a favorite nesting place for disease germs.

It follows that at every breath there is danger of infection from the germs inhaled with the floating dust.

The necessity of pure, dustless air is especially great in hospitals, sanitariums and similar institutions.

The best known preventive of disease-carrying dust is Standard Floor Dressing.

Standard Floor Dressing catches all dust the instant it settles on the floor and holds it there, together with the germs the dust contains. At the end of the day dust and germs are easily swept away without again rising and polluting the air.

The air is thus kept untainted. The spread of disease is checked at the outset.

Our free illustrated booklet contains information of special value to all who are in a position to promote hygienic conditions. Write for your copy today.

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QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

War Office, London, S.W., 15th May, 1912.

The following ladies have received provisional appointments as Staff Nurse:—Miss M. Williams, Miss M. D. Cashmore.

Transfers to Stations Abroad.

Sisters—Miss L. Belcher, to Gibraltar, from Curragh.

Staff Nurses—Miss M. Willes, to South Africa, from Aldershot.

Promotions.

The undermentioned Staff Nurses to be Sister:—Miss M. S. Williams, Miss J. G. Dalton.

E. W. BECHER,
Matron-in-Chief, Q.A.I.M.N.S.
15th June, 1912.

The following ladies have received provisional appointments as Staff Nurse:—Miss F. R. Holmes, Miss G. M. Jones, Miss C. I. Griffin.

Transfers to Stations Abroad.

Staff Nurses—Miss H. V. B. Wolseley, to South Africa, from Netley.

The new Royal Alexandra Hospital, Edmonto, Alta., was opened on April 18th, when the Ladies' Hospital Aid served tea in the new building and gave everyone an opportunity to inspect this fine, large, up-to-date institution.

The opening address was delivered by Lieutenant-Governor Bulyea. Addresses were also given by Mayor Armstrong, Mr. Allan Fraser, President of Hospital Board; Mrs. Arthur Murphy, Honorary President of the Ladies' Hospital Aid, and by Mrs. Braithwaite, the President.

The personal work is the main thing. It is said that St. Paul in arming the Christian soldier, placed sincerity and enthusiasm above all things. Thus armed should be the Juvenile Court worker. He or she should have the magnetism of Moses, the patience of Job, the firmness of Abraham, the wisdom of Solomon, and the unselfishness and love of our Lord and Master.—Ben B. Lindsey, Judge Juvenile Court, Denver.

Ventilation is a most essential part of cleanliness, which is next to godliness; and every effort made to ameliorate the physical conditions of society must infallibly tend to promote its moral welfare, since the Divine order is "first that which is natural, and after that which is spiritual."—Una.

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The value of Pond's Extract as a soothing lotion for Prickly Heat, Chafing, Ivy Poisoning and the various heat rashes common to the summer months has been repeatedly proven. It is a prompt and effective means of relief and has the great advantage of being non-toxic—and applicable to the most tender skin—even that of the new born infant.

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September brings a new "school problem" into thousands of American homes—a problem that must be settled in the interest of mental, moral and physical culture. Education at the sacrifice of health is a costly luxury. "What school" is not half so important as "What food." The best food to study on, to play on, to work on is

Shredded Wheat

It is the favorite cereal food in American schools as well as American homes because it contains all the muscle-making, brain-building material in the whole wheat grain prepared in its most digestible form.

Nothing so wholesome and delicious and nothing so easy to prepare as Shredded Wheat Biscuit with peaches and cream. Heat one or more Biscuits in the oven to restore crispness and then cover with sliced peaches or other fresh fruits. Serve with milk or cream and sweeten to suit the taste.

TRISCUIT is the Shredded Wheat wafer, a crisp, tasty toast eaten with butter, soft cheese or marmalade. Delicious for luncheons, for picnics or excursions on land or sea.

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PUBLISHERS' DEPARTMENT

PLASMODIAL ANEMIA.

In spite of the modern theory of the etiology of malaria and malarial affections (mosquito-borne infection) this plasmodial disease continues to be rife in certain sections of the country and bids fair to be, like "the poor," "always with us."

Every physician of experience appreciates the principles which should guide him in the treatment of the various acute manifestations of paludal poisoning, i.e., the destruction of the plasmodial hosts which have invaded the blood and which, if not eliminated, consume and destroy the red cells, the vital element of the circulating fluid.

When this purpose has once been accomplished the patient is but partly cured; the damage done to the red corpuscles must be repaired and the vitality of the blood restored, if re-infection is to be avoided. If there is any one condition in which hematinic or blood-building therapy is positively indicated, it is in post-malarial anemia. As soon as the febrile period has passed, iron, in some form, should be given in full dosage. Pepto-Mangan (Gude) constitutes the ideal method of administering this essential blood-building agent in this as well as in any anemic condition. Both the iron and manganese in Pepto-Mangan are in organic combination with peptones and are therefore easily and promptly absorbed and assimilated without causing digestive derangement or producing constipation.

POST-GRADUATE WORK IN ORTHOPAEDICS.

Physiologic therapeutics comprises all treatments of diseases with non-medicinal means. Though this adjunct to medical science is comparatively young in most of its branches, it has been acknowledged for decades that there are certain diseased conditions in which the treatment with drugs fails completely. This is particularly the case in all deformities. For their correction mechanical means have been employed for a long time, yet in many cases with little success owing to the empiric ways of employing therapeutic measures. In the last ten years a good deal of progress has been made. By far the larger part of deformities, especially spinal curvature, is acquired and not congenital. Recognition of this fact and the knowledge that nearly all deformities can at least be benefited, if not cured, by adequate treatment, have created a large demand for scientifically trained operators who are able to properly treat such conditions. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has for years made a specialty of this kind of work in its training courses in mechano-therapy. Large clinical material gives the student ample opportunity to study these conditions under the careful guidance of capable instructors. Nurses interested in these courses are advised to write to the Superintendent, 1711 Green St., Philadelphia, Pa., for further particulars.

Let me tell you about Benger's Food for Invalids

In times of sickness and ill-health, the natural digestive organs are nearly always deranged, consequently the digestive functions become entirely inadequate.

Failure to digest any food taken into the stomach means failure to supply nourishment when it is most required.

On the other hand, if the digestive system can do any work, it should be given work to the extent of its power, then as strength increases, the digestive organs regain their activity.

The great advantage of Benger's Food is that it can be prepared to give either a carefully regulated exercise of digestion, or almost complete rest, according to the condition of the patient.

Benger's prepared with milk is a complete Food in the form of a dainty and delicious cream, rich in all the elements necessary to sustain life. It is well known to medical men and is approved by them. There is no real substitute for it.

Every lady having the care of an invalid, will learn much that is valuable to know fr the new Booklet, just published by the proprietors of Be r's Food; among other things, it contains a variety of ri invalid recipes, prepared to relieve the monotony of mi , which becomes very irksome to invalids. A copy will b post free on application to

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